

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

James P. Klages Jr. # 41780

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

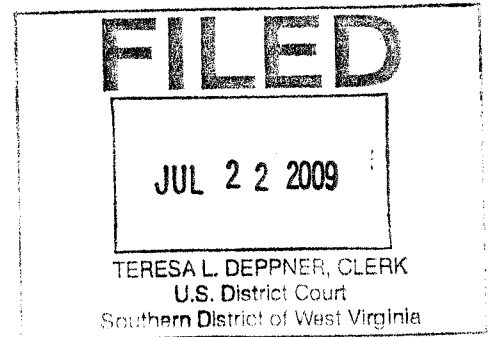
CIVIL ACTION NO. 3:09-0840

(Number to be assigned by Court)

Ranae Stubblefield ; Administrator

Rick Smith ; Business Manager

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

II. Place of Present Confinement: Mount Olive Correctional Complex

A. Is there a prisoner grievance procedure in this institution?

Yes X No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No _____

C. If your answer is YES:

1. What steps did you take? Filed grievances threw shift

Commander here then appealed the decision to Administrator and Commissioner.

2. What was the result? Denied all of my grievances because

They claimed I ran out of allowable time.

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: James P. Klages Jr. # 41780

Address: One Mountainside way; Mt. Olive WV 25185

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Ranae Stubblefield

is employed as: Administrator

at Huntington Work / Study Release Center

D. Additional defendants: Rick Smith

is employed as: Business Manager

at Huntington Work / Study Release Center

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

As a direct approximate result of Defendants conduct
in refusing to abide by their own Policy / Regulations which
amounts to an unconstitutional policy, custom, and practice
by Defendants. Plaintiff has suffered the following harm /
injury, undue hardship, emotional stress, undue financial burden,
and depriving plaintiff of monies and property without due process
of law in violation of Article 3 Section 10 of the WV Constitution
and the 5th, 8th, and 14th amendments of the US Constitution.

(Continued From Page 4)

IV. Statement of Claim.

The Defendants acting under Color of State law has done so in Violation of Plaintiffs Constitutional rights.

According to D.O.C. Policy directive III.06; Financial Responsibility Program for inmates, It states Under V; Procedures; B-1, Upon ascertaining and Verifying the existence, nature, and amount of Financial Obligations, the Warden/Administrator shall provide written notice to an inmate, that in Sixty days following the date written notice the Warden/Administrator shall begin deducting Forty percent of the inmates Current earnings in order to meet the inmates Financial obligations.

Applicability; Last paragraph in part IV of Policy Directive III.06; Provided that the percentage substantially Complies with the purpose of the policy and provided for a meaningful payment of a Financial obligation, in light of the inmates current earnings and ability to pay.

Earnings; Under Section III of the Policy Directive III-06 Definitions; All sums of money paid to an inmate on account of any work assignment, or other allowable means by which an inmate may be Compensated for work performed or good sold, including earnings from work in Correctional industries and indigent pay.

IV. Statement of Claim (continued):

Earnings shall also include 40% of the proceed from any arts and Crafts sale. Earnings shall further include all sums of money received by the inmate on account of a settlement of a lawsuit; civil judgement; or other lawful process, inheritance, bequests, gifts, except funds provided the inmates by family or friends. Earnings shall not include sums deducted for mandatory savings.

It was clearly stated in D.O.C. Policy directive 111-06; Financial Program for inmates; Under procedures; B-1, That the Huntington Work / Study Release Centers employees were only supposed to take up to Forty Percent of my current earnings; in order to meet any financial obligations I may have had. Accordingly Mrs. Stubblefield and Mr. Smith were only supposed to take out Forty Percent, for all my financial obligations, off of my current spending amount which was totaled up to be \$426.⁰⁰, on my spending account after my escape, and they did not do it that way.

IV. Statement of Claim (continued):

What they did was take the 40% out of my Total Earnings for work performed while employed at the Huntington Work Release Center, which was totaled up to be \$1,766.⁸⁵ The D.O.C Policy 11106 was violated under section stated threw out, because they were only supposed to take the 40% out of my current earnings, which should have totaled up to be \$190.⁶⁴ instead of the full amount of \$339.⁵⁰. Based upon the following violation, this has been an Undo Financial Stress and burden to me, based upon this loss of \$148.⁸⁶

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Do to the Stress and burden placed upon me by the Defendants I'm respectfully requesting a relief of reimbursement of finances as follows: I'm requesting to be reimbursed the full amount of \$148.⁸⁶ that was wrongfully taken in violation of the policy, also including for them to pay out an additional \$5,000.⁰⁰ for my Undo Financial anguish and Stress and Mental Anguish that this whole issue has placed upon me. Finally if I'm found in favor of in this Court I am also requesting the Defendants pay all Court costs and Any other Fee, that are placed upon me.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: Do not have the financial means

to do so.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this 29 day of May, 2009.

James P. Mayo 2

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-29-09
(Date)

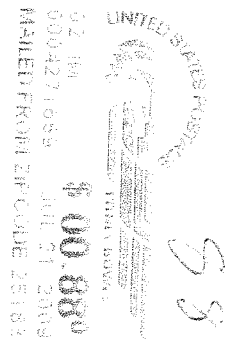
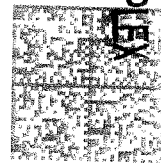
James P. Mayo 2
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

James P. Kilgus Jr #411780
Mount Olive Correctional Center
One Mountainside Way
Mt Olive, NC 28185

CORRESPONDANCE FROM INMATE
AT MOUNT OLIVE CORRECTIONAL COMPLEX

U.S. District Court
P.O. Box 1570
Huntington, WV 25716



JAM

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